		N FINANCE REPORT	3741	FORM C/OH COVER SHEET PG 1
Th thi	e C/OH INSTRUCTIONS form.		COUNT # hics Commission filers)	2 Total pages filed:
3	CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST RICHARD	мі W-	OFFICE USE ONLY
	INDIA	NICKNAME LAST	SUFFIX	Date Received
		RICK SCHAFER JR.		Jaw
	CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY: 5321 INDUSTRIAL OAKS	STATE; ZIP CODE	Jan 15 3 JANA STANCE OUNTY TRAVIS COUR
	Change of Address	AUSTIN TEXAS 78735		नेंद्रा 😕 🛅
	CAMPAIGN TREASURER NAME	TITLE FIRST RICHARD	MI ω.	Receipt #77.5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	IAVIAIT	NICKNAME LAST	SUFFIX	Dail Propagad 15 1008
		RICK SCHAFER JR.		Date Imaged
	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: 532/ INDUSTRIAL OAKS AUSTIN, TEXAS 78735	CITY; STATE:	ZIP CODE
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 892-6908	EXTENSION	<u> </u>
8	REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
	PERIOD COVERED	Month Day Year 12 / 16 / 97 THROUGH	Month Day	Year /98
10	ELECTION	ELECTION DATE Month Day Year 3 / 10 / 98 Primary [Runoff	General Special
11	OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (# KNOW TRAVIS COUNTY COMMISS.	oner Precinct 3
	DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures r Candidates are required to disclose this information only if the	made by others without the can	ididate's prior consent or approval.
	INDIVIDUALS	Name		
		Address / PO Box; Apt. / Suite #; City; State; Zip Code		
	additional pages			
		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME RICHARD	SCHAFER J	R	15 ACCOUNT # (Ethics Commission filers)		
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME . COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)				
18 CONTRIBUTION TOTALS	10. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNL		\$ 11688		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 76 8 \$ 826 8		
EXPENDITURE TOTALS					
	4. TOTAL	\$ 1000 %			
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1000 ××		
19 AFFIDAVIT					
		I swear, or affirm, under penalty of pe	erjury, that the accompanying report		
		is true and correct and includes all in	formation required to be reported by		
	me under Title 15, Election Code.				
Viled W. School.					
SHERRY L. KRUPINSKI Signature of Candidate or Officeholder Notary Public, State of Texas My Commission Expires					
Sworm to and subscribed before me, by the said <u>Richard W. Shafer Jy</u> this the 15 day of <u>January</u>					
19 78, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Shevry L. Hvupinski Notary Public Signature of officer administering oath Print name of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The INSTRUCTION	N GUIDE explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME RICHAR	D SCHAFER JR.		3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributor Tom SEWELL 6 Contributor address; City; State; Zip Code 4/83 TRAVO COUNTRY CIRCLS	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
	Austin, Tx. 78735			1	
9 Principal occu		10 Employer (option	al)		
Date		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1-7-98	Contributor address; City; State; Zip Code 1403 W. 41355		100 XX	1 	
	AUSTIN TX 18756				
Principal occu	pation ETIRED	Employer (option	ai)		
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution	
1-13-98	JIM VIER Contributor address; City; State; Zip Code 1508 MARSHALL LIME AUSTIN, Tx. 78703		2 50 SO	description(if applicable)	
Principal occu	pation REAL ESTATE	Employer (option	al)		
Date		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1-13-98	BILL THOMPSON Contributor address; City; State; Zip Code 470		100 器	 	
Principal occupation		Employer (option	al)		
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution	
	BILL WELCH Contributor address; City; State; Zip Code 4503 WALTON HEATH CIRC AUSTIN, Tx 18747	_	contribution (\$)	description(if applicable)	
AUSTIN X 18747				i	
Principal occu		Employer (option	nal)		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A

OTHER	OTHER THAN PLEDGES OR LOANS					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 2 oF 2			
2 FILER NAME RICHAR	D SCHAFER JR.	,	3 ACCOUNT # (Ethics Commission filers)			
4 Date	5 Full name of contributor DAVID TYBOR 6 Contributor address; City; State; Zip Code 7101 Hwy 7/ W. STE A-3	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
1-15-98	6 Contributor address; City; State; Zip Code 7101 Hwy 7/ W, STE A-3 AusTIN, Tx. 18735					
9 Principal occup		10 Employer (option	al)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
	Contributor address; City; State; Zip Code	·	 			
Principal occu	pation	Employer (option	optional)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
	Contributor address; City; State; Zip Code		 			
Principal occu	pation	Employer (optional)				
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code						
Principal occu	Principal occupation		Employer (optional)			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
	Contributor address; City; State; Zip Code					
Principal occu	pation	Employer (optional)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL EXPENDITURES FROM PERSONAL FUNDS		s	CHEDULE G		
The Instruction Guide explains how to complete this form.						
2 FILER NAME	FILER NAME RICHARD SCHAFER JR. 3 ACCOUNT # (EN			hics Commission filers)		
4 Date 12-18-97	5 Payee name TRAVIS COUNTY REPUBLICAN PARTY 6 Payee address; City; State; Zip Code 807 BRAZOS STE 304 AUSTIN, TEXAS 78701 7 Purpose of expenditure FILING FEE		8	Amount (\$) OOO XX Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure			Amount (\$) Reimbursement from political contributions		
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)		
	Purpose of expenditure			Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure			Amount (\$) Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)		
	Purpose of expenditure			Reimbursement from political contributions intended		
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED				